



Driving change

As Australians eagerly await the release of our new *Medical Standards for Drivers* later this year, the experience of the US State of Arizona may be of interest. In 1994, Arizona reduced the seizure-free interval for driving in people with epilepsy from 12 to 3 months. Motor vehicle accident (MVA) data for 3 years before and 3 years after 1994 revealed no statistically significant change in the incidence of seizure-related MVAs in the second period. While seizures accounted for about a third of all medically related MVAs, they caused only 0.04% of the total.

Mayo Clin Proc 2003; 78: 819-825

An unsuitable girl

The WHO has reported that sex disparities in health and education are higher in South Asia, including India, than anywhere else in the world. Even banning sex-determination tests (since 1994) has failed to improve the lot of India's female infants. Researchers in Delhi hypothesised that death rates from easily treatable diseases, such as diarrhoea, would be higher in girl babies (indicating neglect) whereas the rates of less preventable or less treatable conditions, such as birth asphyxia, septicaemia and congenital anomalies, would be the same in both sexes. They were right. They also found that 75% of unexplained (suspicious) infant deaths were in girls. Confirming the gloomy outlook for girls was a birth ratio of only 869 females:1000 males, and a 1.3 times higher mean infant mortality rate.

BMJ 2003; 327: 126-128

Menopause mayhem

The bottom seems to have fallen out of the menopause treatment market. Hormone therapy remains under a cloud, and now an American study of an Australian company's popular phytoestrogen preparations shows only a modest placebo effect. Promensil (a dietary supplement of isoflavones extracted from red clover) did reduce the average number of hot flushes per day from about eight to about five, but so did the placebo. Promensil reduced the frequency of the hot flushes faster than both the placebo and another product containing different proportions and a lower dose of isoflavones, so there still may be a biological effect. But where to now?

JAMA 2003; 290: 207-214



Joint statement

While recent research has highlighted the psychological effects of recreational cannabis use, a position paper from The Thoracic Society of Australia and New Zealand reminds us that respiratory health should not be overlooked in the cannabis debate. The evidence is not as strong as that for tobacco smoking — as there are fewer cannabis smokers, there have been fewer studies of sufficient duration and the effects of cannabis and tobacco are often confounded (up to 69% of users also smoke tobacco). However, both substances contain a similar range of harmful chemicals, they have similar histopathological effects on respiratory tissue, and most studies indicate that their respiratory effects are additive and independent. The authors concluded that the adverse respiratory effects of smoking cannabis are similar to those of smoking tobacco. Contrary to common belief, the effects are not mitigated by using a water pipe (bong).

Intern Med J 2003; 33: 310-313

Turning down the heat

The *MJA* has published several case reports of deaths from hyperthermia among users of ecstasy (MDMA) and related drugs. Animal research conducted by an Australian group suggests a role for the atypical antipsychotic drugs in reversing MDMA-induced hyperthermia (which is partly caused by sympathetically induced cutaneous vasoconstriction). In a controlled trial, rabbits and rats given clozapine or olanzapine, as well as MDMA, developed less cutaneous vasoconstriction than those given MDMA alone, and did not become hyperthermic. The exact mechanism of this effect is uncertain, as is the efficacy of clozapine and olanzapine in humans with MDMA toxicity

J Neurosci 2003; 23: 6385-6391

Life in the too hard basket

To those GPs who have done the hard yards with patients whose illnesses defy diagnosis, the results of a Scottish study of people with unexplained neurological symptoms will not be surprising. Having found that about a third of new patients seen at a neurology clinic fell into this category, researchers followed them up 8 months later. Over half of the 66 patients felt the same or worse than before, and no patient had received an organic diagnosis for their symptoms. Not surprisingly, the patients who considered themselves improved showed improvements in various domains including physical function, degree of pain, social function and mental state. The others continued to suffer, prompting the researchers to call for further research into the management of this neglected group of patients.

J Neurol Neurosurg Psychiatry 2003; 74: 897-900